eClinicalWorks
Business Analysis Department

BILLING II

Kentucky Department of Public Health —April 2017

DOCUMENT CHANGE LOG

Date	Author	Change

CONTENTS

Patient Payments

Posting Patient Payments

Path: Billing icon > Payments

OR

Path: Patient Lookup > Select patient

To post patient payments:

1. From the Payments window, click the *Add Pt Payment* button:

OR

From the Patient Hub, click the arrow next to the *Account Inquiry* button and select *Add Patient Payment*:

2. From the Guarantor Lookup window, select the patient or guarantor:

3. From the Patient Payment window, enter the amount and payment method:

4. Locate the claims against which the payment must be posted:

- Click the *Claims* button.

From the Payment Posting window, select the claims and click *OK*:

5. Click the *Auto Post* button to apply the patient payment to the oldest claims.

Click the *Post CPT* button to view/post the patient payment at the line item level:

OR

Click the *Claims* button and select the claims manually to post to specific claims.

6. Click "Print Receipt" button, if a receipt is requested

Claim Id	Patient Name	Svc Dt.	Appt. Reason	Clm Balance	Pat Balance	Payment
473	Test, Annemarie	10/08/2015		82.60	82.60	25.00

Claims Paid (with this payment) — Auto Post Gr. Clms (F3) — Auto Post Pt. Clms (F4) — Auto Post

Posted By: **eclinicalworks,support**   Locked By: Date & Time: **10/7/2016, 9:32:43 AM**

[Print Receipt ▲]   [Visits]   [Claims]   [Delete]   [Post CPT]   [Save & New (F7)]   [OK (F8)]   [Cancel (F9)]

Insurance Payments

Posting Insurance Payments

Insurance payments can be posted manually with paper EOBs, or electronic with ERAs.

Manually Posting Insurance Payments with Paper EOBs

Path: Main menu > Billing icon > Payments

Insurance payments can be manually with paper EOBs and posted to the respective claims.

To post insurance payments with paper EOBs:

1. From the Payments window click the *Add Ins Payment* button.

2. From the Insurance Lookup window, select the insurance company.

3. From the Payments window, enter the payment information, and click *Payment Advisory*:

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4. From the Patient Advisory window, search for individual claims against which the payment must be posted by entering the unique claim identification number in the *Claim ID* field.

   OR

   Click *Add Claims*, and from the Payment Posting window, check the boxes next to the claims and click *OK*:

5. From the Payment Advisory window, select each claim and click *Post CPT* to post the payment on the line item level:

6. Post the payment.

7. (*Optional*) If applicable, write-off the remaining amount on the claim.

8. Assign the remaining balance to the patient's Secondary Insurance using the short cut on the left-hand side or check the *Auto Assign Claim* box:

9. (Optional) Enter any billing message code for statement in the Patient Statement section:

10. After the payment is posted and the balances resolved, click Close (or Save and Next) to complete the posting process for this claim.

11. If the paper EOB has to be scanned into the system, from the Payment Advisory window, click *Scan* to scan the EOB into the payment

Posting Insurance Payments with ERAs

Path: Main menu > Billing icon > ERA

ERA's will be automatically imported daily. Insurance payments can also be automatically posted to the respective claims using the Electronic Remittance Advice (ERA) feature in eClinicalWorks.

To post insurance payments with ERAs:

1. From the Billing band, click on the ERA icon.

2. Filter for Un-Posted ERA's. Set additional filters as needed to further refine your selection.

3. Highlight the ERA can click "View ERA" to view the human readable ERA.

4. Select your Facility from the drop down and Click *ePost* to automatically post this payment against the respective claims.

5. The *Exception Report* will automatically display a report of all of the claims against which the payments were not posted, primarily because of missing information. View and Close. If desired, click "Print" to print the report or "Copy" to display the details in Text or Excel format. Click "Close" to close the window. To view this report again, click *Exception Report*.

Expection Report

6. To view the posted payment, from the *Billing* band click on the *Payment* icon and follow steps in the "*Manually Posting Insurance Payments with Paper EOBs*" to review and make changes.

Deleting Payments

Path: Main menu > Billing icon > Payments

Delete payments from the Payments window.

To delete payments:

1. From the Payments window, search for the payment.

2. Check the box next to the payment and click *Delete*.

    A confirmation message displays.

3. Click *Yes*:
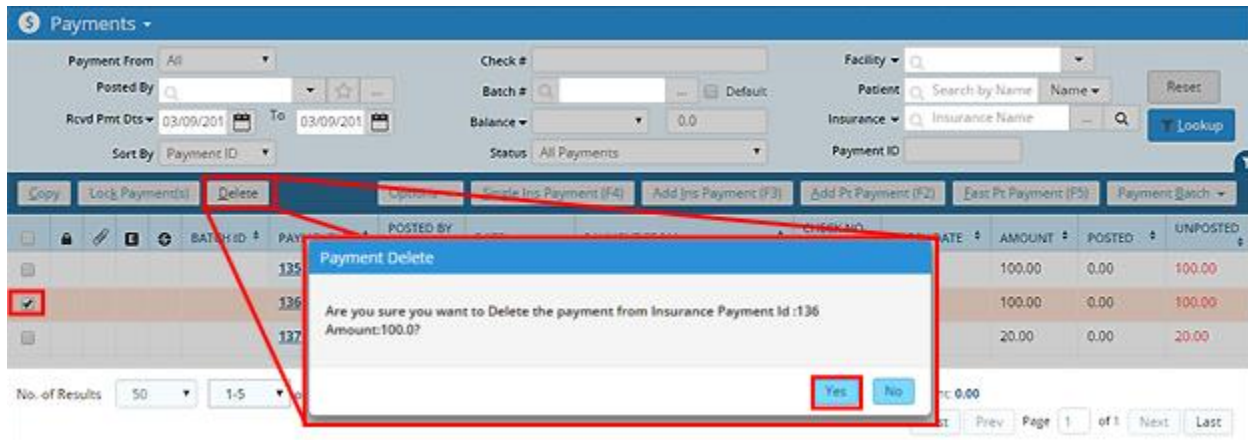
The payment is deleted.

Locking Payments

Path: Main menu > Billing icon > Payments

Lock payments from the Payments window to prevent any changes to that payment.

To lock payments:

4. From the Payments window, search for the payment.

5. Check the box next to the payment and click *Delete*.

   A confirmation message displays.

6. Click *Yes*:
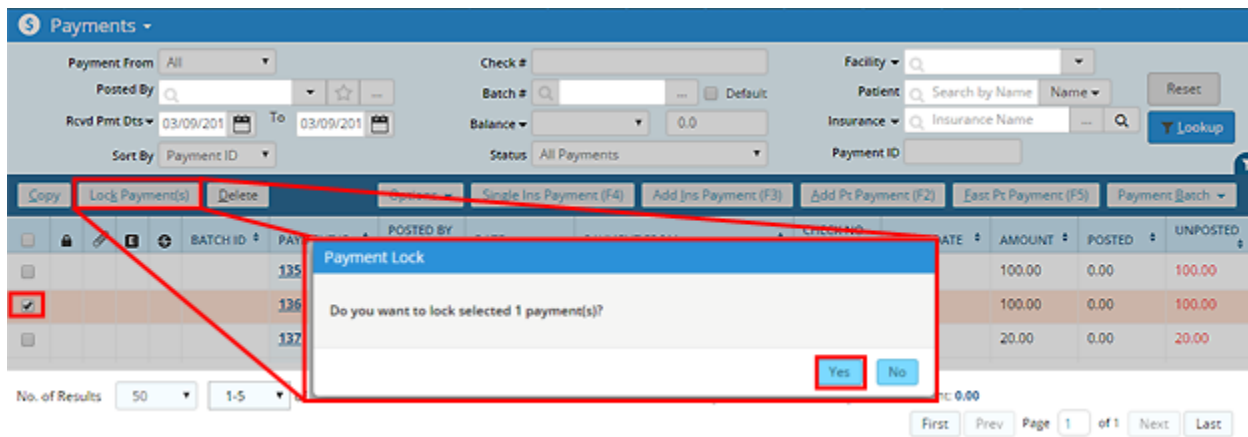
The payments are now locked.

Distribute Payments

The Distribute Payment feature will divide one payment into two or more payments based on the claim's insurance. Payments can be distributed individual or in a batch.

Split one payment at a time:

1. From the Billing band, Payment screen, double click on the payment to open.

2. From the green drop down next to Payment Advisory, select "Distribute Payment".

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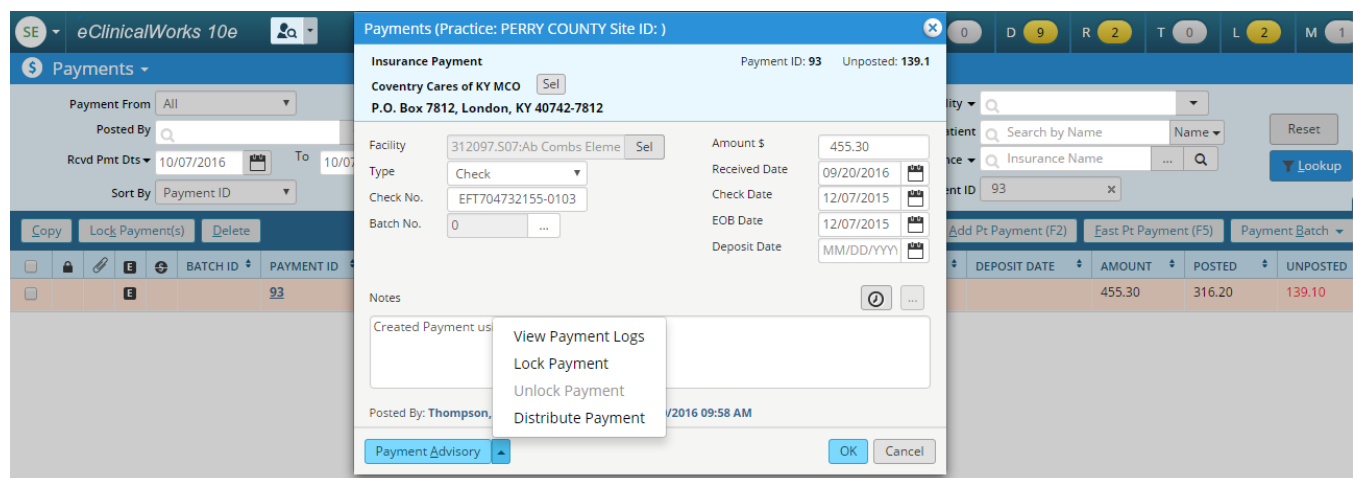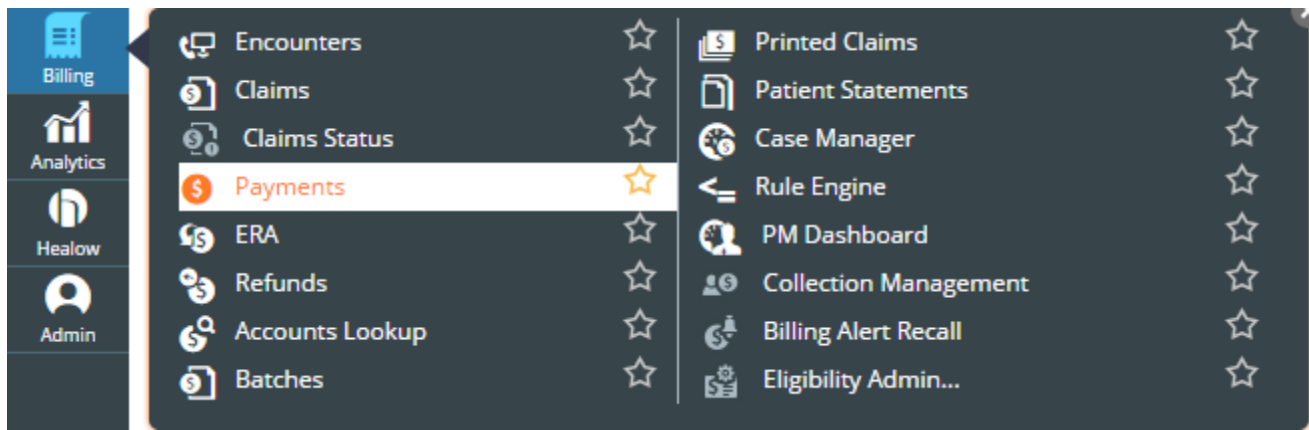
Split multiple payments in a batch:

1. From the Billing band, Payments icon, check off payments to be distributed.

2. Click the green drop down next to Options and select "Distribute Payments"

Posting Interest Payments

1. Create a dummy patient to post the interest to, completing all demographic mandatory fields. Mark patient "Self-Pay".

2. Create a claim for Interest patient using the "Claim Creation from Claims Screen, No Encounter" workflow, selecting your main/default provider and your county as the Facility.

3. Enter INT in ICD Code field and INTER in CPT code field. Enter the interest payment amount as the Billed Fee.

4. Note claim number and click "OK" to close the claim.
5. From the payments screen, post the insurance payment to the interest claim following the "Post Insurance Payments from EOB" workflow.
6. Confirm the claim balance is $0.00 after posting the payment.

Unposted Payments

It is important that all payments be posted to the claim level. To locate your unposted payments:

1. Go to Billing Band, Payments Icon.
2. Filter Status: All Unposted Insurance Patient Payments (All Dates) and All Unposted Patient Payments (All Dates).
3. Double Click on each payment to open the payment and post the payment to appropriate claims.

End of Day Process

Day Sheet Summary

Once all payments have been posted, you can run a report reflecting all payments posted by user.

1. From the Reports menu, click eBO Reports.

2. Log into eBO:
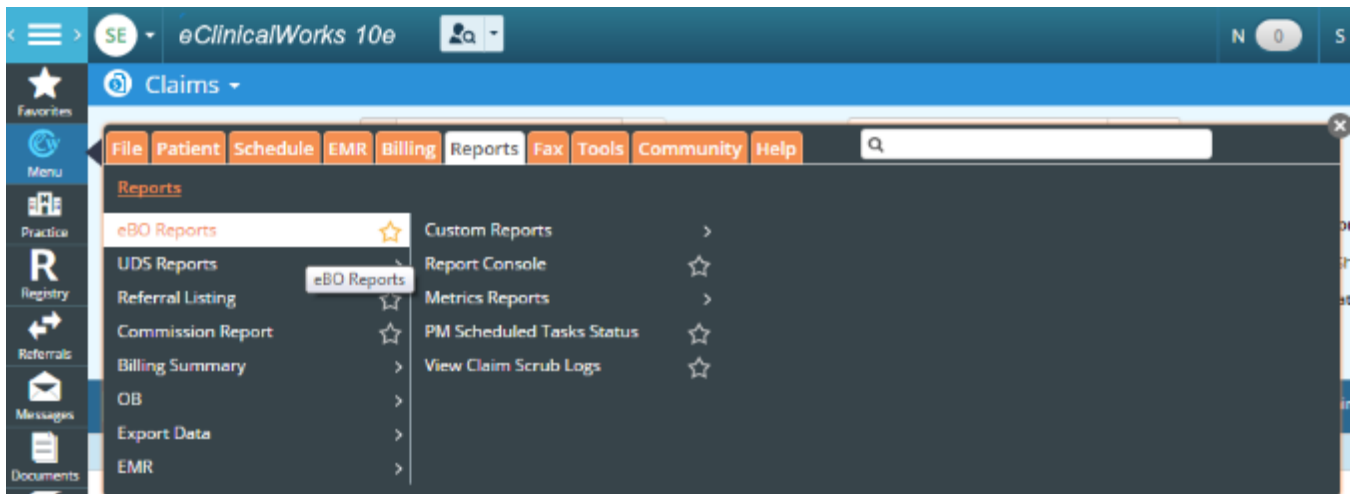
3. Select eCWEBO

4. Select 1-Daily Report

5. Select 11-Front Office

6. Select 11.04 Day Sheet – Payments By User

7. Select Date

8. Select user name

Day Sheet - Payment by User

☀	⦿ PRE - SET DATE PROMPT	Today ▼
	○ CUSTOM DATE PROMPT	Oct 8, 2015 ▦▾ Oct 7, 2016 ▦▾

Report Type: ⁕ All Details ▼

Facility Name:

Phelps Elementary ▲
Phelps High School
Picadome Elementary
Pike County Central High Schoc
Pike County H.D. - Belfry
Pike County Health Department
Pikeville Elementary School
Pikeville High School
Pineville City School Bell County
Pippa Passes Head Start - Knot
Potter Gray Elementary ▼

Select all Deselect all

Keywords:
Type one or more keywords separated by spaces.

[eclinicalworks]   Search 🔍

Options ⌄

Results: **Choices:**

eclinicalworks, support ▲		Insert ➡	eclinicalworks, support ▲

User Name:

⬅ Remove

Select all Deselect all   Select all Deselect all

○ Exclude Staff   **Refresh Prompt**
Deselect

OK   **Cancel**

Cognos Viewer - 11.01 - Day Sheet - Payments by User		support eclinicalworks Log Off 🏠 ↰ About

🖨 Keep this version ▾ | ▶ | ⬛ ⬛ 🖥 ▾ | 🔘 ▾ | 📄 Add this report ▾

Day Sheet - Payment By User

Date Range: Today

Facility: Pike County Health Department   **Entered by:** eclinicalworks, support

Total Payments	Payments Posted to Claims	Payments Without Claims	Unposted Payments
			$75.00

Claim Follow Up

Working Denied Claims

1. From the Claims screen, filter for claims with status of "ERA Payer Denied."

2. Enter date range and any other applicable filters such as Facility/Practice or Insurance/Insurance Group

3. Click Lookup to display the list of claims to be worked.

4. Double click the first claim to open and review.   Click on Billing Logs to review claim history. Click on Progress Notes to review provider notes.

5. Click on the Insurance & Payments tab and double click the Payment to open. Review ERA/EOB to determine reason for denial.

6. If additional information is needed, create an Action or assign the claim for follow up using the claim right chart panel.

See sections on Working with Actions and Right Chart Panel for more details on assigning claims and creating Actions

7. Make necessary correction and change the claim status to Ready to Submit (F6).

8. If payor requires Resubmittal details, click on claim Header button and complete required fields.

9. Click OK to save and close Header

10. Click OK to save and close Claim

11. Continue to work through all claims until complete.

Working Unpaid Claims

1. From the Claims screen, filter for claims submitted to payors with no response.
2. Choose the Claim Status of Insurance Accepted or Submitted to display claims with no response (payment or denial) from payor.
3. Select appropriate date range (use Submitted Dates to display claims based on last submitted date) and any other filters required such as Practice or Insurance.
4. Click Lookup.

5. Double click the first claim to open.
6. Click on Billing Logs to review claim history. Research/follow up with payer.

   Refer to # 7-11 in above section "Working Denied Claims" to complete this workflow.

Refunds

Identifying Claims to Refund

1. From the Billing Band, click Claims.
2. Select the Claim Status of "All Claims". Add additional filters as needed.
3. Choose the Balance < $0 and click Lookup to display the list of claims with credit balance.

4. Double click on the claim to review. If refund is warranted, change the claim status to Refund Requested, add optional Notes as needed, and click OK to save and close the claim.

5. Once all claims have been reviewed, change the Claim Status filter to Refund
   Requested and click Lookup.

6. Click Billing and choose View Claims Report to produce an excel spreadsheet of all
   accounts ready for refunds.

Creating Refunds

1. From the Billing Band, click Refunds icon.

2. Click Add to create a new refund.

3. In the Given To drop down, select Patient/Guarantor or Insurance.

4. In the Name field select the name for the refund

5. Enter the Date, Amount, Pmt Method, and Check No.

6. Click on the "Post Refund" button to find the claim(s) against which the refund is being posted.

Add Refund *   ⊗

Given To	Patient/Guarantor ▾
Name	🔍 Test,Annemarie ✕	Name ▾
Address	108 NEW GLENDALE RD , ELIZABETHTOWN , KY - 42701-1023

Facility	🔍 Pike County Health Dept ▾	Amount $	10.00
Type	Check ▾	Received Date	10/07/2016 📅
Check No.	101

Notes   🕐   •••

Posted By: **eclinicalworks,support**   Date & Time: **10/07/2016 11:35AM**

[Post Refund ▲] [Refund Check]   [OK] [Cancel]

---

7. Choose claim based tab, select the claim(s) and enter the amount in the refund field.

8. Click on Post CPT to post the refund at CPT level.

Working with Patient Balances

Guarantor Statements

NOTE: Patient Statements must be generated by County and generated and printed one County at a time.

1. From the Billing Band, click on the Accounts Lookup icon
2. Click the drop down next to Appt Provider(s) and change filter to "Pay to Provider"
3. Uncheck the "All" button and click on the ellipses.

To select Providers:
1. In the Select Provider(s) pop up box, View field, click the drop down and change filter to "Providers by Billing Facility"

   - In the Facility field, click the ellipses to select your County (this should be the providers default Billing Facility in Admin>Provider)

   - Check the box next to Providers to select all providers.

   - Click "OK"

2. Set the remaining filters:

- Select the appropriate Service Date range

- Click the drop down next to "Facility" and change filter to "Practice".

- Click on the ellipses and select your Practice (County) from the Practice List pop up.

- In Patient Stmt Cycle filter select "Apply – Guarantor based" to apply 30-day cycle.

- Select "guarantor Name, Patient" in Sort Order filter.

- Check box "Include Claims Assigned to Patient only".

- (Optional) Check "Dunning Messages" to include system generated dunning messages based on claim aging and "Include Unposted Payments" to include accounts with payments not posted to encounters/claims.

- Set the Acct(Claim) Balance amount as required.

3. Click "Filter" to generate list of patients.

4. To review accounts (optional), highlight patient and click "View Account" button to open the patient's Account Inquiry screen. Check box to select patients.

5. Click the drop down next to Patient Statement and select "Guarantor Statements".

6. Print Statements in EBO (eBO login screen should automatically pop up after generating statements)

- In the eBO Log on screen, enter your eCW User Name and Password, click OK.

- Click eCWEBO folder, then the Statements folder

- Click the blue hyperlink for "Guarantor Statement by Billing Facility PDF"

- Select Envelope size and accepted Payment Methods and click OK.

7. Print Statements in PDF

8. Click "Yes" to create log for statements in patient account

Re-printing statements for a patient

Statements that have already been generated for a patient can be viewed or re-printed upon the patient's request from the 'Account Inquiry' section on the patient's Hub.

1. Select Account Inquiry

2. Click on the Statements button.

3. Click on the date of the statement you would like to print.

4. Print Statement

Generating Payor Invoices (P8)

NOTE: All contract payors should be included in the "Contracts P8" Insurance group. When claims are created by the automated job, the claim status of all claims in this group will automatically change to "Contracted Services".

1. From the Billing Band, click on the Accounts Lookup icon
2. Click the drop down next to Appt Provider(s) and change filter to "Pay to Provider"
3. Uncheck the "All" button and click on the ellipses.

4. To select Providers:
   - In the Select Provider(s) pop up box, View field, click the drop down next to "All Providers" and change filter to "Providers by Billing Facility"
   - In the Facility field, click the ellipses to select your County (this should be the providers default Billing Facility in Admin>Provider)
   - Check the box next to Providers to select all providers.
   - Click "OK"
5. Set the remaining filters:
   - Select the appropriate Service Date range
   - Click the drop down next to "Facility" and change filter to "Practice".
   - Click on the ellipses and select your Practice (County) from the Practice List pop up.
   - Select "Insurance, Patient" in Sort Order filter.
   - Select the Insurance OR change filter to Insurance Group and select "Contracts P8" to generate invoices for all payors.
   - UN-check box "Include Claims Assigned to Patient only".

- (Optional) Check "Include Unposted Payments" to include accounts with payments not posted to encounters/claims.
- Set the Acct(Claim) Balance amount as required.

6. Click "Filter" to generate list of patients.
7. Check boxes to select accounts.
8. Click on the drop down next to Patient Statements and select "Payor Invoice"
9. Print Statements in EBO (eBO login screen should automatically pop up after generating statements or log into eBO from Reports menu)
   - In the eBO Log on screen, enter your eCW User Name and Password, click OK.

   - Click eCWEBO folder, then the Statements folder

10. Click the blue hyperlink for "Guarantor Statement by Billing Facility PDF"

11. Select Invoices to be printed

Payer Invoice Report

Select Invoice:
```
7997
8305
8723
8765
9122
9150
9155
9329
9342
9425
9453
```
Select all Deselect all

OK   Cancel

12. Print Invoices in PDF

Working with Hard Closed Transactions

Redistribute Patient Payments

If a patient payment is hard closed, and needs to be moved to another claim:

1. Create a $0.00 patient payment with today's date, following the patient payment workflow.

2. Click the Claims button to select claims. Remove the">" from the Claim Balance filter and click Get Claims.

3. Check the original claim and the claim you want to move the money too. Click OK.

	Patient	Claim No	Service Date	Pvdr	Facility	Claim Amount	Claim Balance	Patient Balance	Last Statement
☐	Test, Lindsey	571	05/10/2016	JD	Pike	65.00	6.50	6.50	
☐	Test, Lindsey	564	05/10/2016	JD	Pike	67.88	6.79	6.79	
☐	Test, Lindsey	566	05/10/2016	JD	Pike	67.88	6.79	6.79	
☑	Test, Lindsey	567	05/10/2016	JD	Pike	65.00	65.00	65.00	
☑	Test, Lindsey	569	05/10/2016	JD	Pike	0.00	0.00	0.00	

Payment Posting — Patient Based / Insurance Based / Guarantor Based — Test Lindsey 27Y, F — DOB 01/01/1990 — Tel — Acct No ECW11584 — WebEnabled: No, Eligibility Status: Not Eligible — Facility — Claim Balance — Get Claims

4. Enter a negative amount on the original claim, and an offsetting positive amount to the new claim.

5. Click OK to close the payment.

Void and Recreate Claims

When a CPT code needs to be added/removed/changed on a claim in a billing period that has been hard closed, the void/recreate process will need to be followed. This method will ensure that the changes are captured in the current month instead of changing the previous month's figures.

1. Open the claim to be voided and created – click the "Options button at the bottom left. Select "void and Recreate"

2. The header of the claim window will now read "Claim<Voided to:{claim #], Copied to: [claim #]

- The system will create a second claim that is an exact mirror opposite of the original claim and a "live" claim that can be edited as needed
- Any payments and/or adjustments linked to the original claim will now be linked to the "live claim"
- The voided and new claims will have the claim status of the original claim. It is important that the status be the same for the original claim and the voided claim or the patient balance will be incorrect in account inquiry and patient statements
- The claim status on the "live" claim can be changed

It is important that all changes are made on the "live" claim

Billing Workflows

Posting Patient Payments from Billing Band

```
                    ┌──────────────────────────┐
                    │  Patient payment received at │
                    │       billing office.        │
                    └──────────────────────────┘
                                │
                                ▼
                          ╱──────────╲
                         ╱  Is payment ╲
                        ╱  for a balance ╲          Yes      ┌──────────────────────┐
                        ╲  in previous    ╱ ─────────────▶  │ Log into previous billing │
                         ╲  PM system?   ╱                   │ system and post the       │
                          ╲──────────╱                       │ payment.                  │
                                │                            └──────────────────────┘
                               No
                                │
                                ▼
                    ┌──────────────────────────┐
                    │ From Billing band click Payments │
                    │ icon, click Add Pt Payment (F2). │
                    └──────────────────────────┘
                                │
                                ▼
                    ┌──────────────────────────┐
                    │   Lookup patient name,      │
                    │ click OK. Patient Payment   │
                    │      screen appears.        │
                    └──────────────────────────┘
                                │
                                ▼
                    ┌──────────────────────────┐
                    │ Select Date, enter Amount,  │
                    │ select Pmt. Method. Enter   │
                    │ Check # and Memo (if        │
                    │ applicable).                │
                    └──────────────────────────┘
                                │
                                ▼
                          ╱──────────╲
  Patient Balance        ╱ Is payment  ╲        Specific Claim
  ◀─────────────────────╱ for specific  ╲──────────────────▶
                        ╲ claim or       ╱
                         ╲ patient       ╱
                          ╲ balance?    ╱
                           ╲──────────╱
```

Patient Balance

Click Auto Post Gr. Clms (F3) to post to oldest guarantor claim(s) **or** Auto Post Pt. Clms (F4) to post to the oldest patient claim(s).

Specific Claim

Click Claims, select claims(s) by clicking on box on left of claim, click OK.

Click Auto Post or click in Payment box to manually enter amount.

Click Save & New (F7) to proceed to next payment **or** OK (F8) to exit.

Generate eBO report 11.01 (Day Sheet Payment by User).

Posting Insurance Payments from EOB's

Paper EOB received.

From Billing band click Payments icon, click Single Ins. Payment (F4).

Enter 1st ECW Claim No., click Lookup, click OK.

Enter Amount of check to be posted in eCW, Check No, Type, and Dates. Click Payment Advisory.

Claim ID automatically populates on Payment Advisory screen. Click Go (F3) to open CPT level posting screen.

Enter Allowed, Deduct, CoIns, CoPay and Paid amounts for each CPT code. Adjustment will automatically calculate.

Post financial adjustment and/or patient statement message if required

Assign claim responsibility to the next responsible party and set appropriate claim status. If claim requires follow up, change claim status to ERA Denied.

Click Save and Next (F3) to proceed to next payment **or** OK (F4) to exit.

Click Scan (F5) to scan paper EOB into eClinicalWorks.

Confirm payment is fully posted

Posting Insurance Payments from ERA's

ERA's are imported from PM Scheduled job.

↓

From the Billing band, click on ERA.

↓

Select your default payment posting facility from the Facility drop down and check "Make this as Default Facility".

↓

Filter for Posting Status = Unposted. Filter for Tax ID and NPI. Click Lookup to refresh list.

↓

Highlight ERA, click ePost.

↓

Posting Status window opens displaying posting summary and exceptions. Click Cancel to close.

↓

From Billing band, click Payments. Filter for Payments From "Insurance", Posted By "select yourself", and Posted Date of today. Click Lookup. Double Click on payment.

→

Click Payment Advisory button.

↓

Review each claim to verify that ERA posted correctly.

↓

Use the "Claim" and "HUB" links to view claim or account details if needed.

↓

Verify that the ERA has been fully posted. If not, work un-posted money.

↓

Click OK to save changes.

Distribute Payments-Insurance (Optional)

Insurance payments may require distribution for reporting and secondary billing.

From Billing, click Payments. Filter for payments that require distribution.

Individual Distribution

Batch Distribution

From Payment screen,
click on green arrow next to Payment Advisory button. Select Distribute Payment.
Click Yes.

From Billing, click Payments.
Check all insurance payments.
From Options dropdown, choose Distribute Selected Payments. Click OK, click Yes.

A verification message appears and the distributed payments can be seen in the Payment window. Click Close.

Posting Interest Payments

```
┌─────────────────────────────────────┐
│     Interest payment is received.    │
└─────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────┐
│       Create "dummy" patient named   │
│            Insurance Interest.       │
└─────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────┐
│  From the Claims screen, create new  │
│ claim for Insurance Interest patient.│
│  Enter INT as theICD Code and CPT    │
│   Code = INTER.  Enter the interest  │
│  payment amount as the billed fee.   │
└─────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────┐
│   Note the claim number and click OK │
│           to close the claim.        │
└─────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────┐
│  From the payments screen, post the  │
│  insurance payment to the interest   │
│                claim.                │
└─────────────────────────────────────┘
                    │
                    ▼
┌─────────────────────────────────────┐
│     Confirm claim balance is $0.00   │
└─────────────────────────────────────┘
```

Secondary Claims

```
        ┌─────────────────────────────┐
        │  Primary payment is posted  │
        │  by ERA or manually posted  │
        │        from EOB             │
        └─────────────────────────────┘
                      │
                      ▼
   ┌─────────────────────────────┐              ┌─────────────────────────────┐
   │ Claim status is changed to  │    PAPER     │ Follow Printing Paper Claims│
   │ Ready to Submit Electronic  │─────────────▶│ workflow to print secondary │
   │ or Print HCFA during        │              │          claims.            │
   │ payment posting             │              └─────────────────────────────┘
   └─────────────────────────────┘

              ELECTRONIC
                      │
                      ▼
   ┌─────────────────────────────┐
   │ Electronic secondary        │
   │ electronic claims are       │
   │ batched and submitted       │
   │ nightly by PM scheduled job.│
   └─────────────────────────────┘
                      │
                      ▼
   ┌─────────────────────────────┐
   │ Secondary claims with errors│
   │ will not be submitted.  Work│
   │ these claims following the  │
   │ "Working Claims with Errors"│
   │ workflow..                  │
   └─────────────────────────────┘
                      │
                      ▼
   ┌─────────────────────────────┐
   │ Make necessary changes and  │
   │ change claim status for     │
   │ electronic or paper         │
   │ submission.                 │
   └─────────────────────────────┘
                      │
                      ▼
        ┌─────────────────────────────┐
        │ Corrected secondary claims  │
        │ will be batched and         │
        │ submitted by PM scheduled   │
        │ job.                        │
        └─────────────────────────────┘
```

BUSINESS ANALYSIS DEPARTMENT - CREATED FOR KENTUCKY DEPARTMENT FOR PUBLIC HEALTH   46

Working Denied Claims

```
        ╭────────────────────────╮
        │  Claim status is changed to ERA │
        │  Denied during payment posting  │
        ╰────────────────────────╯
                     │
        ┌────────────────────────┐
        │ From the Claims screen, filter for │
        │   claim status of ERA Denied    │
        └────────────────────────┘
                     │
        ┌────────────────────────┐
        │  Double click to open claim.  Click │
        │  on the Insurance and Payments  │
        │  tab and double click on payment to │
        │      open and review.       │
        └────────────────────────┘
                     │
                  ◇ Is additional ◇
          NO ◇ Information Needed? ◇ YES
```

Is additional Information Needed?

NO → Update claim as needed and enter notes in right side panel.

YES → Create Action and/or Assign the claim for follow up in the claim's right chart panel.

Retrieve Action or claim in T jelly bean. Update claim and enter applicable Notes in right side panel.

To resubmit or print claim, change Claim Status for submission or printing using (F6) .

(Optional) If required by payor, click on the claim "Header" button to enter resubmitted or corrected claim information.

Click OK to save and close.

Updated claim is uploaded to clearinghouse via PM Scheduled Task or printed..

Working Unpaid Claims

```
┌────────────────────────────────┐
│  Claims were submitted to payor but   │
│  adjudication response has not been   │
│            received.            │
└────────────────────────────────┘
                 │
                 ▼
┌────────────────────────────────┐
│  From the claims screen, filter for claims │
│    by "Sub Dates", and enter the desired   │
│            date range.          │
└────────────────────────────────┘
                 │
                 ▼
┌────────────────────────────────┐
│   Claim status: Submitted, Insurance  │
│  Accepted or Insurance Rejected. Lookup. │
└────────────────────────────────┘
                 │
                 ▼
┌────────────────────────────────┐
│  Double click to open claim.  Click on the │
│  Insurance and Payments tab and double │
│   click on payment to open and review. │
└────────────────────────────────┘
                 │
                 ▼
            ◇ Is additional ◇
   NO ◄──── Information ────► YES
            Needed?
```

NO branch:
Update claim as needed and enter notes in right side panel.

YES branch:
Create Action and/or Assign the claim for follow up in the claim's right chart panel.

Retrieve Action or claim in T jelly bean. Update claim and enter applicable Notes in right side panel.

To resubmit or print claim, change Claim Status for submission or printing using (F6) .

(Optional) If required by payor, click on the claim "Header" button to enter resubmitted or corrected claim information.

Click OK to save and close.

Updated claim is uploaded to clearinghouse via PM Scheduled Task or printed.

Refunds

```
┌────────────────────────────────────────────┐
│  Claims have a credit balance and require research │
│     to determine if refund is warranted.     │
└────────────────────────────────────────────┘
                      │
                      ▼
┌────────────────────────────────────────────┐
│          From Billing, click Claims.         │
│   Select Claim Status of All Claims and a    │
│       balance of < 0.  Click Lookup.         │
└────────────────────────────────────────────┘
                      │
                      ▼
┌────────────────────────────────────────────┐
│  Double click to open claim and review.  Make │
│  appropriate notes.  If refund required, change │
│      status to Refund Requested.  Click OK.  │
└────────────────────────────────────────────┘
                      │
                      ▼
┌────────────────────────────────────────────┐
│   After reviewing claims, filter for Claim Status │
│       of Refund Requested.  Click Lookup.    │
└────────────────────────────────────────────┘
                      │
                      ▼
┌────────────────────────────────────────────┐
│  On bottom of screen, click Billing, then View │
│  Claims Report to generate list of filtered claims. │
└────────────────────────────────────────────┘
                      │
                      ▼
┌────────────────────────────────────────────┐
│      From Billing click Refunds.  Click Add. │
└────────────────────────────────────────────┘
                      │
                      ▼
┌────────────────────────────────────────────┐
│  Select Patient or Insurance.  Select Date.  Enter │
│  Amount.  Select Pmt. Method.  Enter Check No., if │
│       applicable.  Click Post Refund         │
└────────────────────────────────────────────┘
                      │
                      ▼
┌────────────────────────────────────────────┐
│  Enter Claim No., click Go or,  click Add Claims │
│            to search for claims.             │
└────────────────────────────────────────────┘
                      │
                      ▼
┌────────────────────────────────────────────┐
│  Enter amount of Refund.   Click Post CPT.   │
│  Enter appropriate amounts to each line item. │
│  Click OK to exit Refund Line Posting window; Click │
│   OK to exit Refund Posting window.          │
└────────────────────────────────────────────┘
                      │
                      ▼
┌────────────────────────────────────────────┐
│             Issue refund check.              │
└────────────────────────────────────────────┘
```

Guarantor Statements

```
        ╭─────────────────────────╮
        │  From Billing band, click Accounts  │
        │         LookUp.         │
        ╰─────────────────────────╯
                    │
        ┌─────────────────────────┐
        │  Set Service Dates, Collection Status  │
        │  to Not given to Collections, and  │
        │  Patient Stmt Cycle to Apply –  │
        │      Guarantor based.      │
        └─────────────────────────┘
                    │
        ┌─────────────────────────┐
        │  Set Sort Order to Guarantor Name,  │
        │  Patient and Check box Include Claims  │
        │     Assigned to Patient only.    │
        └─────────────────────────┘
                    │
        ┌─────────────────────────┐
        │  Select Dunning Messages. Select  │
        │  Include Unposted Payment. Click  │
        │          Lookup.         │
        └─────────────────────────┘
                    │
        ┌─────────────────────────┐
        │  Select accounts for which statements  │
        │  are to be generated. Click the green  │
        │  arrow next to Patient Statements  │
        │  and select GuarantorStatements.  │
        └─────────────────────────┘
```

```
        ┌─────────────────────────┐
        │  Log into eBO and select Patient  │
        │      Statement report.     │
        └─────────────────────────┘
                    │
        ┌─────────────────────────┐
        │  Select Envelope size and Payment  │
        │  Method, then click OK to view  │
        │        statements.       │
        └─────────────────────────┘
                    │
        ┌─────────────────────────┐
        │  Click the PDF print icon to Print  │
        │  statements then log out of eBO.  │
        └─────────────────────────┘
                    │
        ┌─────────────────────────┐
        │  Click "Yes" to pop to add log then  │
        │       "OK" to confirm.     │
        └─────────────────────────┘
                    │
        ╭─────────────────────────╮
        │  Generated statements can be  │
        │  viewed/re-printed from patient's  │
        │     Account Inquiry screen.    │
        ╰─────────────────────────╯
```

Appendix A: Notices

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